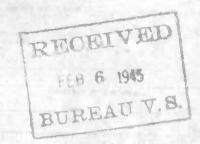
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chartes St., Battimore 46-2

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Dorchester County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Dorchester City or town Cambridge (If outside city or town limits, write RURAL and give nearest town) Streel No. (If rural, give LOCATION) 2.(a) It veteran, name war.
3.(a) FULL NAME Arintha Dodson Bell	3. (b) Social Security Number
4. Sex Female 5. Color or race White 6.(a)Single, married, wildowed, or divorced Married	MEDICAL CERTIFICATION Jan. 25, 19 45 alo: 25Pm
6.(6) Name of husband or wife. Clement Augustus Bell 6.(c) If allve, give age. 70 years	21. I CERTIFY that deeth occurred on the date above stated; Ihal I attended deceased from 19. 12. 10. 13. 15. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
7. Birth date of deceased (mo., day, yr.) Sept. 23, 1883. 8. AGE: Years Montbs Days It less than one day	Immediate cause of death DURATION 2 1/22
9. Birthplace Kingston, Somerset, Co., Md. (Town, county, and state) 10. Usual occupation 10. Usual occupation 10. Usual occupation	Due to
11. industry or bosiness Home Edward E., Dodson 12. Name	Other conditions and an analysis of death) Other conditions and an analysis of death)
14. Malden name Mary Ann McClean 15. Birthplace New Castle, Delaware 16. Latorman C. Augustus Bell	Major findings of operations. Bate of op. Antopsy results.
Address Cambridge, Md. Burial (Registal approximator of removal Which?) Address Cambridge, Md. Burial (Registal approximator of removal Which?)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cambridge Cemetery Cambridge, Md. Locallon LeCompte's Funeral Service	Where did injury occur?
18. Funeral director. Cambridge, Mdl. Address 19. (Date rec'd by registrar) 18. Funeral director. Cambridge, Mdl. Registrar	23. SIGNAFURE DISTORE M. D. or other M. D. or other Modress Cambridge Med Bate signed Day, 1977



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

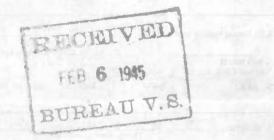
2411 N. Charles St., Baltimore 3.7

CERTIFICATE OF DEATH

00449

Reg. Dist. No. 116

1. PLACE OF DEATH: Cowoty	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Cly or town Cembridge (If nutside city or town limits, write RURAL and give nesrest town)	State Liar Land county Dorchester	
(If nutside city nr town limits, write RURAL and give nesrest town) How long in above place of death?	City or town	
Hospital, institution, or street address where death occurred:		
Eastern Shore State Hospital	Sireet No	00000000000
How long in hospital or institution? 2 yrs. 1 mon. 1 day	2.(a) If veteran, name war	
3.(a) FULL NAME Maggie Bryan	3. (b) Social Security Number	
4. Sex Female S. Color or race 6.(a) Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH	QOP M
6.(6) Name of bushand or wife William Bryan	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 5 19 42 to Jan 7 1	
7. Birth date of deceased (mo., day, yr.) December 25 1860	and that f fast saw h. er. alive on January 7.	945
deceased (mo., day, yr.) December 25 1860 8. AGE: Years Months Days It less than one day		RATION
84 0 1-3hrsmin.		ınknor
9. Birthplace Dorchester Co. Maryland (Town, county, and state)		0 * * 0 0 0 * 0 0 0 0 0 0 0 0 0 0 0 0
10. Usual occupation	Senility	
11. Industry or business Own home		***********
12. Name. Ingraham Kinney 13. Birthplace unknown	Other conditions	
E 14. Malden name Anne McAllister	(Include pregnancy within 3 months of death) Major findings of operations.	.,
15. Birthplace unknown	Date of op.	
16. totormant Hospital Records Cambridge Md.	Antopsy results	J.
Burial Date thereof Jan. 9, 1944 (Burial cremation, or removal, Which?) Cemetery or crematory. East New Market Cemetery Location East New Market, Maryland. 18. Fuceral director. Location Lacounte Is Funeral Service Address Cambridge, Maryland.	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicideAccident	943



00450

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-07

CERTIFICATE OF DEATH

Reg. Dist. No. 116 115

Date signed Am 14 /kg.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Dorchester	State Maryland County Dorchester	
City or town. Fishing Creek (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? Life	City or town Fishing Creek (If outside city or town limits, write RURAL and give nearest town)	
Hospital, institution, or street address where death occurred:	Street No. Fishing Creek	
Home	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	Sarah Catherine 3. (b) Social Security Number	
Kate Phillips Cannon		
4. Ses 5. Color or tace 6. (a) Single, married, widowed, or divorced Wildowed	MEDICAL CERTIFICATION	
remare wires "radwod".	Jan 12 44 8.30A.	
6. (b) Name of bushand or wife. John H. Cannon	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
(Deceased)	19 1945, 10	
7. Birth date of deceased (mo., day, yr.) Mar. 28, 1857.	and that I last saw h	
8. AGE: Years Months Days If less than one day	Immediate cause of death	
87 9 14hrsmi	Canen ordering 16 om	
Golden Hill. Dor. Co., Md.	Due to	
9. Skribplace Golden Hill, Dor. Co., Md. (Town, county, and state)	DUC (U.S.	
19. Usual occupation Domestic		
11. Industry or business Home	000 10	
	Cardio Rinal Fescular ales	
12. Name John R. Phillips L. 13. Birthplace Maryland	Uner conditions.	
	(Include pregnancy within 3 months of death)	
14. Maiden name Mary Ann Burton	Major findings of operations.	
14. Maiden same Mary Ann Burton 15. Sirthplace Maryland	Date of op.	
Mrs. Preston Cannon	Autoney results.	
1b. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address Fishing Creek, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal. Which?) Bate thereof. alan. 14, 19 (mouth) (day) (year)		
Cemetery or crematory Hoosier Memorial Cemeter;		
Location Fishing Creek, Maryland.	injured at home, farm, industry, public place (where?)	
18. Funeral directorLeCompte Is Tunonal Service	Means of injury Injured at work?	
	e ·	
Address Cambridge, Maryland.	- 23. SIGNATURE Agnes W. Meacle M.D.	
10 dan. 14/5 10 Jame W. Meade	M. D. or other	
19 (and by registral) 19 Jane W. Meacle Registr	ar Address Date signed fran 14 kg.	

VS A15

BURE 194

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00451

CERTIFICATE OF DEATH

Reg. Dist. No. 116

	1. PLACE OF DEATH: County Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
		State Mary Land County Dorchester
	City or town. Cambridge. (If outside city or town limits, write RURAL and give nearest town)	" Cambridge
	How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Nospilal, Institution, or street address where death occurred:	Street No. High Street
	High Street	(If rural, give LOCATION)
	How long in hospital or institution?	2.(a) If veleran, name war
	3. (a) FULL NAME	3. (b) Social Security Number
	and Toudelayo	Sector Sectory Number
	4. Sez 5. Color or race 6.(a)Single, married, widowed or divorced	MEDICAL CERTIFICATION
	1. ere. Sungla	
		20. DATE OF DEATH Jan 7.17. M
	6.(6) Name of husband or wife	21. I CERTIFY that south occurred on the date above stated; that lattended deceased from
		glu 15 18 45 10 gan 2) 13 45
	7. Birth date of	end that I last saw h ellive en Two 19.
	deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate segre of death DURATION
	O. AGE: Teals months trees than one day	Buch I frem / cong
	/// hrsmln.	
	9. Birthplace Cambridge, Wa.	Due to
	(Town, couply, and state)	
- }	10. Usual occupation.	Due to
	1t. Industry or business	000 (0
	# 12. Name Wattle Chester	Other conditions
		Other conditions
		(Include pregnancy within 8 months of death)
	14. Malden name Eulebyn Chester 15. Birthplace	Major findings of operations.
	15. Birthplace	Date of op.
		(Lawrence of the contract of
	16. loformant	Antopsy results
	Address	22. VIOLENCE: It death was due to external causes, fill in line following:
	17. Apr. 22 Date thereof fram 22 19415	
	(Buriel, cremation, or removal, Which!) (month) (day) (year)	Accident, suicide, or homicide
	Cemetery or crematory Sul austra Cultury	Where did injury occur? (City or town) (County) (State)
	Location Camberdal nd	Injured at home, farm, industry, public place (where?)
	11 1100	Means of Injury / Injured at work?
	t8. Funeral director. Lewis 17 13 mg. 17	
	Address Tumblindal no	Jelly runding
	1/22/ 45 all m. 0 2	23. SIGNATUTE. M. D. on other
	19. (Date red d by registrar) Registrar	Address Date signed

OFF A STREET OF STREET OF STREET

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Re-C

CERTIFICATE OF DEATH

ng. Dist. No. 116

1. PLACE OF DEATH: Dorchester 2. USUAL RESIDENCE (HOME) (For newborn infants give residence of the newborn give residence of the new first giv	F DECEASED:
GOUNTY	
(If outside city or town limits, write RURAL and give nearest town)	21=
Maw long in shove place of death? I day	s. write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: Maple Dam Road Street No. Old Field	Road
Maple Dalli Road (If roral, giv	LOCATION)
How long in hospital or institution?	***************************************
James E.Cromwell	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL C	ERTIFICATION
male colored married January	24 19.4.5 , at 2 no o j
B.(O) Name of nuspand of wile	
7. Block date of	19
deceased (mo., day, yr.) hay 2, 1892	
8. AGE: Years Months Days If less than one day Injury to Spi	
9. Birthplace	ervical ""
Piling	***************************************
E 12. Name Ashley Cronnwell Diher conditions.	
	months of death)
14. Malden name. Sarah Cromwell Major findings of operations.	
14. Malden name Sarah Cromwell N. Carolina Major findings of operations Major findings of operations	
18. Informant Lydia J. Cromwell Autopsy results.	
DIVINOVOTAN DI 1 P 41 A.	
Address Church Creek, Maryland 22, VIOLENCE: If death was due to external or	uses. fill in the following:
17. (Burial, cremation, or removal, Which?) Date thereof (month) (asy (year) Accident, suicide, or homicide	lent Date of Jan. 24/45
Cemetery or crematory. January 12 (City or town)	oridge, Dor.Co. Md.
Cemetery or crematory	(County) (State)
Location Injured at home, farm, industry, public place (here?) in Woods
18 Superal director Level Hamber Means of Injury Piling fell	OII Injured at work? Yes
Address Carbeindgend 23 SIGNATURE	, Def. Mid. Exam.

Registrar Address...

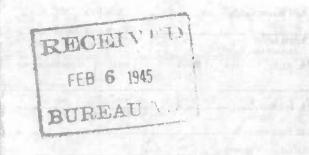
Cambridge,

Md.

.Date signed Jan . 25/4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



the light to the last the

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



00453

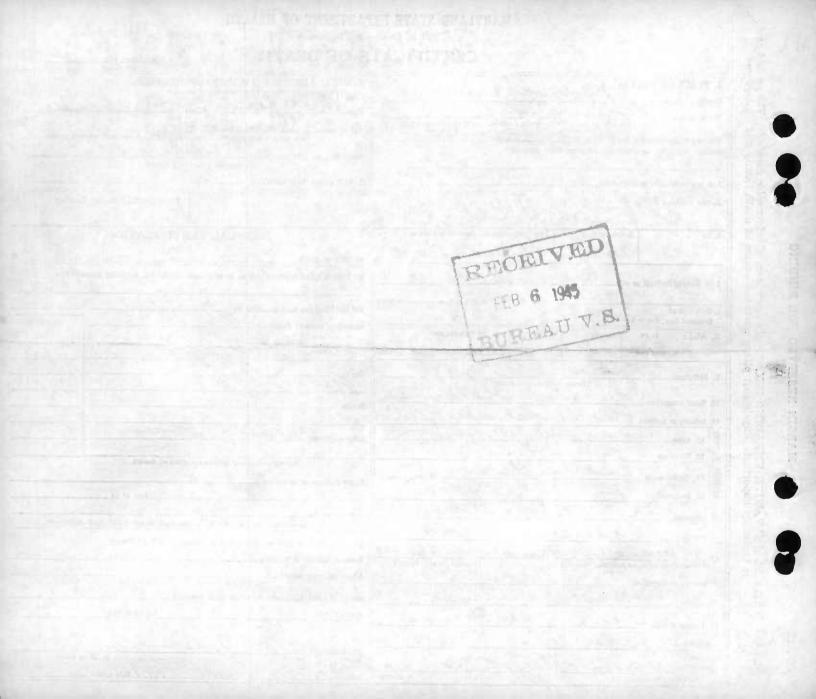
ga - Md. Bate signed Jans.

CERTIFICAT	TE OF DEATH Rog. Dist. No
1. PLACE OF DEATH: County City er town (If outside city or town limits, write RUPAL and give nesrest town) How long in abeve place of death? Hospital, lostitution, or street address where death occurred: Hew long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (The pewborn infants give residence of mother) State. County City or fown. (If outside city or town limits, with RURAL and give placest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Nr. Elwer L. Cross	3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Chile White Would will will will be seen to see the second of the second	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY that death occurred en the date above stated; that Lattended deceased frem 19. # 1. te. fam. 2 19. # 5 and that I fast saw have alive on 19. # 5 Immediate cause of death DURATION Due to 2 19. # 5 Differ conditions 2 19. # 5 (Include pregnancy within 3 months of death)
14. Malden eame. Eloura Culor 15. Birthplace 16. toformant Remark C. Craso Address Cambridge Md 17. Burlal, cremation, or removal. Which Cambridge Man 26-45 (Burlal, cremation, or removal. Which Cambridge Man 26-45 Lecation Cambridge Man 26	Major findings of operations

PLEASE

Address

19. (Date rec's by registrar)



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 922

00454

CERTIFICATE OF DEATH

Reg. Dist. No.__/_/3__

1. PLACE OF DEATH: Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or fown	State County County Ward No.
	(If outside city or town limits, write RURAL NEAR and give town)
Stay In hospital or Inst. (yrs., or mos., or days)	(If rural give LOCATION)
Stay in this community (yrs., or mos., or days)	2(a) IF VETERAN, NAME WAR
3. (a) FULL NAME Mary & Ellis	3. (b) Social Security Number
4. Sex 5. Color or race 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female C widow	20. DATE OF DEATH Tany 13 - 1945, at 3 P M
6 (b) Name of husband or offs Selles	21. I CERTIFY that death occurred on the date above stated; that datended deceased from
7. Birth date of	and that I last saw h alive on I I I 2
deceased (mo., day, yr.) 8. AGE: Years Months Oays If less than one day	Immediate cause of death arthis religions OURATION
S. AGE: Tears months of 7	Val nuch direce, hypertunking
9. Birthplace Jaylors Usland, md, (Town, county, and state)	Que to
10. Usual occupation Housewife	Que to
11. Industry or business	
12. Name William Stopper.	Other conditions.
# 14. Malden name Susian Hooper,	(Include pregnancy within 3 months of death) Major fladings: PHYSICIAN
15. Birthplace Md.	Of operations Please under the cause to white
	death should be charged statistically.
Address Smithville mai	
(Burial, cremation, or removal. Which?) Oate thereof 17-43 (month) (day) (year)	22. VIOLENCE: If death was due fo external causes, fill in the following: Accident, suicide, or homicide Bate of
Cemetery or dematory Clynellery	Where did Injury occur?(City or town) (County) (State)
Location Smithwille ma!	Injured at home, farm, industry, public place (where?)
18. Funeral director, Lewis a, Henry,	Means of Injury Injured at work?
Address Cambudge md.	Jun St. 1
19. Date rec'd by registrar) 19. 4 A Registrar	23. SIGNATURE M. D. or other
Date rec'd by registrar) Registrar	Address Cambrille PM , Date signed ! Le-45

RECEIVED

FEB 6 1945

BUREAU T.S.

00455

2411 N. Charles St., Baltimore 159

CERTIFICATE OF DEATH

Dist. No. 116

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County Cilly or town. (If outside city or town limits, write AURAL and give nearest town) How long in above place of dealh? Hospital, institution, or sireel address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Pudy ann Fille	3. (b) Social Security Number
4. Ses 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Security	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH
6.(6) Name of husband or wife. B.(c) If aliye, give age years 7. Birth dale of deceased (mo., day, yr.) 7. Birth dale of deceased (mo., day, yr.)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4
8. AGE: Years Months Bays If less than one day	Bremsting (6 ms) 1h
9. Birthplace	Due to
11. Industry or business 12. Name Faureuce Randolff Fillen 13. Birthplace Winehitter, Va.	Other conditions. (Include pregnancy within 3 months of death)
14. Maiden name Cecilia Mae Lewis 15. Birthplace Libwood, nd.	Major fiedings of operations. Date of op.
16. Informant Mrs Sladys (Campan Address Cambridge, md.	Actors results
17 (Burial, cremation, or removal, Which?) Gemetery or crematory Abrichester Meuronal Park	22. VIOLENCE: it death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Jambridge and. 18. Funeral director James Linear Districts Constitutions	Injured at home, farm, industry, public place (where?) Means of Injury Injured at work?
Address Cauchy Fund 19. 2/// 19. 19. 19. 19. 20. 20. 20. 20. 20. 20. 20. 20. 20. 20	23. SIGNATURE Later 2000 M. of other Address American May Date signed 2011

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RECRIVED
FEB 6 1945
BUREAT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9320 CERTIFICATE OF DEATH

00456

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Concluded County C
PD	218-09-6360
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced 6. (b) Name of husband or wife. 6. (c) If alive, give age. 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It tess than one day 7. H	MEDICAL CERTIFICATION 20. DATE OF DEATH. A CONTROL OF MANY STATES OF DEATH. A CONTROL OF MANY STATES OF DEATH. A CONTROL OF MANY STATES OF M
9. Birthplace T. A. Chapter County, and state) 10. Usual occupation. Clerkt at Diore 11. Industry or business Several feed Store 12. Mame. Several fith 13. Birthplace County, and state) 14. Maiden name. Charlet County.	Due to Due to Dither conditions Christie Musceardia Jys + (Include pregnancy within 8 months of death)
15. Birthplace Bocchester County And	Major findings of operations
Address Two Packs TVA 17 Bow i.al Bate thereof Con 30" 1945 (Buriai, cremation, or removal. Which?) Cemetery or crematory Washington and Control (day) (year)	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external ceuses, fill in the following; Accident, suicide, or homicide
Location Hurilock Mid	tnjurod at home, farm, industry, public place (where?)
18. Funeral director G. G. Amanufatorn & Son, Address Federals burg. TVd.	Means of Injury Injured et work? Injured et work?
19 Jan 30 " 1945 - Chas W Hastings	Jan Clard M. D. or other

BANKSO NO LIGHTANAM MAY LEGIN LAND

RECEIVED FEB 6 1945 BUREAU V.S.

M. D. r other

CERTIFICAT	TE OF DEATH	Reg. Dist. No
1. PLACE OF DEATH: County City or town (If outside city or town limit) write RURAL and give nearest town) How long in above place of death? Hospital, lostifution, or street address where death occurred: Now long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of me State	Developing Natlet write RURAL and give nearest town)
3. (a) FULL NAME		3. (b) Social Security Number
Welliam Harvey		
4. Sex 5. Color or race 6.(a) Single, married, wildowed, of alvorced what white married wildowed, of alvorced	MEDICAL CER	25 19 4 5 at \$30 A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above	stated; that I attended deceased from to 19.4.5
9. Birthplace	Due to CHROM'C VALUME MEART DISE Due to RITCUMATI FEU	7
12. Name Jane Vary	B-	ternia?
14. Maiden name. 15. Birthplace Thanks	(Include pregnancy within 3 mor	ماه
Address Cast hew market	Autopsy results	***************************************
17. Burial, cremation, or remover/Which?) Compating a separation of remover/Which?) Compating a separation of the sepa	22. VIOLENCE: If doa'th was due to external causes Accident, suicido, or homicide	Date of
Cometery or crematory than the arket	Where did injury occur?	
18. Funerat director J. B. Willow glebry	Means of Injury	lojured at work?
Address Cart Zew Market	01/75	and

John Mary S. 1803. C. Address Address

ADING INK. Supply every item of information carefully. The c Physicians: please write the causes of death clearly and legibly

important.

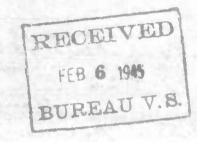
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WRITE

PLEASE

(Date rec'd by registrar)

MARGIN RESERVED FOR BINDING



CERTIFICATE OF DEATH

	Reg. Diat. 140	• • • • • • • • • • • • • • • • • • • •
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	State Many Land County Dorce	rester
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town	***************************************
How long in above place ot death?	Street No.	'e hearest town)
at partie	(If rurai, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Dennis Wayne A	3. (b) Social Secu	rity Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white single	20. DATE OF DEATH Jan 17 194	5 at 2 9.
6.(b) Name of husband or wife	21. I CERTIFY that doeth occurred on the date above stated; that I attended	deceased from
A(XV.11) X	18, to	19
7. Birth date of deceased (mo., day, yr.) 100- 12, 6944		19
8. AGE: Years Months Days It less than one day	Immediate cause of death	05 01.00000
X 2 . 3hrsm	1. Congenital Mallome	tran
9. Birthplace Gassastoudge Md	Oue to.	
(Town, county and state) 10. Usual occupation	J / V - C 2 /	
	Oue to	***************************************
11. Industry or business		***************************************
12. Name deve to thisley. 13. Birthplace Mandand	Other conditions	
14. Majden name of organis Mus Mas	(Include pregnancy within 8 months of death)	
15. Birthplace Maryland	Major findings of operations.	
4	Bate of op.	
10 Gar.	PHYSICIAN: Please underline the cause to which death should be cha	
11/2 1/20 1/2019 1916	22. VIOLENCE: It death was due to external causes, fill in the tollowing;	
(Burial, cremation, or removal. Which?) Qate thereof (month) (day) (year)		***************************************
Cemetery or cramatory Due West	Where did injury occur?	(State)
Location Wrelighte Mey orly Carly	Injured at home, farm, industry, public place (where?)	•••••••••••
18. Funeral director. The Bank of State	Means of Injury Injured at work?	
Address Greet new Market	Jon 19 Shring A. M.	of Fara
10 00 18 10 45 - Man Q & March	23. SIGNATURE	. D. or other
(Pate rec'd by registrar)	Address Cassel Sanda	med and I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

FEB 6 1945

BUREAU V.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore

00459

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Maryla & County Dorchartee
City or town (If ontside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or town (1f ontside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Stock Bad
Steele New Road	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	
Thorrogood Huley	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH Lang 6 19.45 at 3:30 A. M
6.(6) Name of husband or wife annie Henley	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	19
deceased (mo., day, yr.) Lune 27, 1869	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
Y- 1	- Afg
	Myocarditis - monic 1 gs.
9. Birthplace Docketta Courty Kayfard (Town, county, and state)	Due 6
1D. Usual occupation. Day taboree	
sa' hi c	Due to State - 200200 Jr.
12. Name Thenry Hulley 13. Birtholace Dorchaster Courte hayland	Dther conditions
\$ 13. Birthplace Dorchester County, baryland	
14. Maiden name anna Hurley	(Include pregnancy within 3 months of death)
15. Birthplace Dorchester County haryfand	Major findings of operations
	Date of op.
18. Informant Mrs. annie Heuley	Antopsy results
Address Viena haryland R.F.D.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory Steele's Neck Countery Agy 9" 1945	Where did injury occur?
Location Near Treams, Maryland	Injured at home, farm, industry, public piece (where?)
18. Funeral director for Frampton and Son	Means of Injury Injured et work?
Address Federalstung, Maryland	Ja. K. Thurrer, Def. Med. Exam.
18. Jan 9 19 45 - Eles aleth & luft (Dite rec'd by registrar)	23 SIGNATURE
(Date rec'd hy registrar) Registrar	Address Cambridge - Ma Date signed Jan 6

AT THE REPORT OF A STATE OF LITTLE

FEB 6 1945
BUREAU V.S

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Blan CERTIFICATE OF DEATH

00460

- 1 1	411 N. Charles St., Baltimore (3)
CERT	IFICATE OF DEATH Reg. Dist. No. 111
1. PLACE OF DEATH: County Docklester City or town East Market City or town East Market (If outside city or town limits, write RURAL and give near How long in above place of death? How long in hospital or institution? 3. (a) FULL NAME Jeghnan Jackson 4. Ses 5. Color or race 6. (a) Single, married, widowed, or or	
3. (a) FULL NAME Jilghman Jackson	3. (b) Social Security Number
	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 21. /0:/0 P.
Male Colored Widowed 6.(b) Name of husband or wife Lackson 7. Birth date of B.(c) It alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8. AGE: Years Months Days If less than one day About 85	Immediate cause of death DURATION min. Officeration 2 Media
9. Birthplace (Town, county, and state) 10. Usual occupation Tarmy before 11. Industry or business Farm	
E 12. Name	Diher conditions January January January (Include pregnancy within 8 months of death)
13. Birthplace 14. Malden name Loan Davis 15. Birthplace Dorchester Country, Maryland 16. Interment Flossie Bryan	Major findings of operations. Date of op.
Address East New Market, Maryland 17. Bunal (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, culcide, or homicide
Cemetery or crematory Paterburg Cemetery Location Mean Hulack Mayle	
18. Funeral director V. V. Transform & Son Address Federalsburg, Maryland 19. January + 1845 S. S. Frankl (Opto rec'd by registrar)	DOM Address Called Land Landage - May Date signed flow Hype

PERASO - RO SERVICE TATAL GRAPHAN

FEB 7 1945
BUREAU V.S.

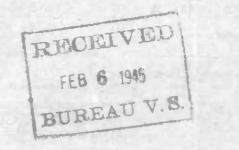
2411 N. Charles St., Baltimore (59)

CERTIFICATE OF DEATH

00461

The	CERTIFICATE OF DEATH Reg. Dist. No. //6				
ion carefully. The corr- clearly and legibly.	1. PLACE OF DEATH: County Cily or fown (If outside city or town limits) write RURAL and give nearest town) Hew long in above place of death? Hospital, institution, or street address where death opcytred: Canada Augustus How long in hospital or institution? How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State			
E WRITE PLAINLY, WITH UNFADING INK. Supply every item of information is especially important. Physicians: please write the causes of death cl	3. (a) FULL NAME Mary Frances Janker	3. (b) Social Security Number			
	4. Sax 5. Color or race 6. (a) Slogis, married, widowed, or givo/ced 1. Sax 6. (b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years 10. Usual occupation. 11. Industry or business 12. Name 13. Birthplace 14. Sax 15. Color or race 6. (c) If alive, give age years 16. (c) If alive, give age years 17. If less than one day hrs. (Town, county, and state)	MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date love stated; that lattended deceased from 19. H 5			
	14. Maiden name Maria Sta Slacusa 15. Birthplace S. New Morket, Md. 16. Informant Rucketh Sensins	Major findings of operations			
	Address 17. Market WA 18. Funeral director At A Willaushlyt So	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide			
PLEASE	19. (Date rec'd by registrar) Address Cost New Markel Me 19. 25 - 19. 45 John Mac 9: (Opto rec'd by registrar)	23. SIGRATURE William C. Harrison MD M. D. or other Address Surlock Ma. Date signed 1/22/45			

MARGIN RESERVED FOR BINDING



THE RESERVE OF THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 38-4 CERTIFICATE OF DEATH Reg. Diat. No. 110 USUAL RESIDENCE (HOME) OF DECLASED: 1. PLACE OF DEATH wn limits, write RURAL and give nearest town) How long in above place of death?. Hosera Instit Con, or street addres where death Courres information caref 2.(a) It veteran, name war..... How long in hospital or institution? 3. (b) Social Security Number 3. (a) FULL NAME MEDICAL CERTIFICATION tem of BINDING 20. DATE OF DEATH. item MARGIN RESERVED FOR Supply even 7. Birth date of deceased (mo., day, yr.) 8. AGE: pl 10. Usual occupation. important. (Include pregnancy within 3 months of death) PLAINLY, vis especially PHYSICIAN: Please anderline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide..... Where did injury occur? WRITE (County) (City or town) Injured at home, tarm, industry, public place (where?) Injured at work? Means of Injury

FEB 6 1945
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

13	13	1	10
1	U	4	6

w. Diat. No. 116

1. PLACE OF DEATH: Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	State County County		
How leng in above place of death? Ho Glass	City or town. (If ontside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Street No		
Now long in hospitat or institution?	(Iffure), give LOCATION) 2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
Mar Linduer	none		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male while widowed	20. DATE OF BEATH 22 19 45, at 7:15		
6.(b) Name of husband or wife Gartrude Lohly	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from		
0 (-) 14 -11 1 1	June 16 1974, to a 22 45		
f. Birth date of deceased (mo., day, yr.) Geography Geography	and that I fast saw h.A		
B. AGE: Years Months Days It less than one day	Immediate cause of death TETASTATIC ADONO- DURATION		
73 5 22hrsmin.			
9. Birthpiace	Descending County		
10. Usual occupation. Farmer 0	Due to.		
11. Industry or business			
12. Name Carl Derreard Funduer 13. Birthplace Derreary	Other conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name auclia Delushian 15. Birthpiace Derugue	Major findings of aperational DENO-CARCINOMA 6=		
2 15. Birthplace Levensey	DESC COLON. Bate of op. 1944		
16. informant mire Jefferson Brooks TE	Autopsy results		
Address Cambridge, Ma. 1821	- A THE THE TALL THE THE TALL		
(Burial, cremation, or reportal, Which?) (Burial, cremation, or reportal, Which?)	Accident, suicide, or homicide		
Cemeter or cremetor Norcheoler Menurial Fary	Where did injury occur? (City or town) (County) (State)		
Location Cambridge md.	tnjured af bome, farm, industry, public place (where?)		
The The They are	Means of injury Injured of work?		
18. Funeral director	My Hanks		
Address Cautering, 100.	23 SIGNATURE M. D. or othor		
18. 1/26 18 45 John March.	Par (. 24/45		

FEB 6 1945 BUREAU V.S. MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

00464

CERTIFICATE OF DEATH

Reg. Diet. No. 116

1. PLACE OF DEATH: County Dorchester			2. USUAL RESIDENCE (HC	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Con	ab ni doe		Maryland		sten	
(If outside city or town limits, write RURAL and give nearest town)			5 certain A	020		
How long in above place	of death?	death accumula	City or towe (If outside city or	town limits, write RURAL and	give nearest town)	
Rospital, institution, or s	late Mary	land Hospital	Street No. Glenburn	rural, give LOCATION)		
New less to boostful or	Lestituitos 2	Wls.	2.(a) If veteran, name war	_		
3. (a) FULL NAME		••••••••••••	act, it to the man and the man	3. (b) Social Se		
J. (G) I OLL MINIL	Dell	a Augusta Briley	Mace	3. (0) Ducial 5.	-	
4. Ses	5. Color or race	8.(a) Single, married, widowed, or divorced		ICAL CERTIFICATION		
Female	White	Widowed	20, DATE OF DEATH	Jan. 6	45 ,11:A	
	Dr.	John Mace, Sr.	21. I CERTIFY that death occurred on	the date above stated; that I atten	ded deceased from	
6.(b) Name of husband						
7. Birth date of			and that I last saw halive			
deceased (ma., day, yr		y 18, 1874.	Immediate cause of death			
8. AGE: Years	Months	Days tf less than one day				
		······································	1 Colored My	(hronton	La Ma	
9. Birthplace. Eas	st New M	arket, Maryland.	Due to	***************************************		
	Domest	i C		***************************************		
tD. Usual occupation	Tome		Due to	***************************************		
11. Industry or business	nome Paile	37				
12. Name	Rast New	y Market, Marylan	Other conditions			
14. Malden oame	Dalai D	herman Market, Marylan Mace, Jr.	Major findings of operations			
E 15. Birthplace	East New	Market, Marylan	<u></u>	Date of	op	
16. Informant	rs. John	Mace, Jr.	Autopsy results PHTSICIAN: Please underline the	and to which death should be	charged statistically	
Address Ca	ambridge	, Md.				
, Buria	1	Date thereof Jan. 8, 1 (month) (day) (ye	22. VIOLENCE: If death was due to			
17. Burla. (Burlal, cremation.	or removal, Which	(month) (day) (ye	Accident, suicide, or nomicide			
Cemetery or cremator	ſŸ	Church Cemetery	Where did lojury occur?(Cit	ty or town) (County)	(State)	
Location Ca	ambridge	, Maryland.	Injured at home, farm, Industry, pub			
		e's Funeral Serv	Manag of Inlum	Injured at w	ork?	
	mbridge.		() 1	M.	210	
			23. SIGNATURE	Moure	M. D. or othor	
19. Jan	8- 18-45	John Mace S.	med (Allen h	ides - Mrd nati	signed fare 7/	

HI AZO SI ASPITULE



2411 N. Charles St., Baltimoru 108)

CERTIFICATE OF DEATH

Reg.	Dist.	No.	116

I. PLACE OF DEATH: County Dorchester City or town. Cambridge (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Sept. 26, 1925 Hospital, institution, or street address where death occurred: Eastern Shore State Hospital How long in hospital or institution? Sept. 26, 1925			JRAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbore infants give residence of mother) State Marvland County Caroline City or town Federalsburg (If outside city or town limits, write RURAL and give nearest town) Street No. ———————————————————————————————————		
		pu. 20.	1925	2.(a) If veteran, name war		
3. (a) FULL NAME	Magers	v			3. (b) Social Security Number	
4. Sea Female	5. Color or race • White	Wide	married, widowed, or divorced	MEDICAL CE 20. DATE OF DEATH January 20	RTIFICATION 19.45	45P. M
6.(b) Name of husband or wife Nilton Magers 6.(c) If allve, give age years 7. Birth date of deceased (mo., day, yr.) January 24, 1887			If allve, give aceyears	21. I CERTIFY that death occurred on the date above stated; that f attended deceased from 1945 to Jan. 20 19.45 and that I last saw h. e. elive on January 20 19.45		
deceased (mo., day, yr 8. AGE: Years 57	Months 11	Days 26	If less than one dayhrsmin.	Immediate cause of death		RATION
9. 8irthplace 1D. Usual occupation 11. industry or business	Caroline (Town, Housew	Conty county, and s	ate)	Due to Lebar Pneumonia, and middle lobes.	Rt. lower	**************************************
12. Name	William ! Carolin	Millian le Cou	nty, Maryland	Other conditions		
14. Maiden name Sara Turner 15. Birthplace Caroline County, Maryland			nty, Maryland	(Include pregnancy within 3 months of death) Major fiediegs of operations		
Address Fe	deralsbur	g, Mary		Autopsy resultsLobarpnuemo. PHYSICIAN: Please underline the cause to whi 22. VIOLENCE: If death was due to external cous	niaendometritis ch death shoold be charged statistically	
Burial Date thereof Jan.23,1945 (Burlal, cremation, or removal. Which?) Cemetery or crematory Near Federalsburg, Maryland			rery	Accident, suicide, or homicide	(County) (State)	5×68 600 000 00×000
18. Funeral director Address F e	J. J. E ederalsbu	rampturg, h	om and Son aryland	Means of injury 23. SIGNATURE TALPA	lajured at work? Lenow H. M. D. or other	m.D
19. (Date you'd h	23/19 45	Jos	In Mace Jr. M	Address Eastern Shore Stat		145

RECKIVED
FEB 6 1945
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH The correct age 2411 N. Charles St., Baltimore 73-2 CERTIFICA' 1. PLACE OF DEATH: every item of information carefully. The tity or town limits, write RAL and give nearest town How long in above place of death?..... Hospital, Institution, or street address where death occurred; How long to hospital or tostitution?..... 3. (a) FULL NAME 4. Sex 8.(a) Single, married, widowed, or divorced MARGIN RESERVED FOR BINDING widowed B.(b) Hame of husband or ADING INK. Supply eve Physicians: please write 7. Birth date of deceased (mo., day, yr.) 8. AGE: Months Days If less than one dayhrs. 9. Birthplace (Town, connty, and state) fD. Usual occupation. 1t. Industry or business UNF WITH UNF important. 13. Birthplace 15. Birthplace PLEASE WRITE PLAINLY, is especially Address (Burlal, cremation, or removal, Which (day) Cemetery or crematory... Locetion 1B. Funeral director. Address Registrac Address Call (Date yee'd hy registrar)

TE OF DEATH	Reg. Dist. No	116
2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m State Coun City or town (If outside city or town limits, Street No. (If rural, give I 2.(a) If veteran, name war	ty Dollar write BURAL and give new	arest town)
	RTIFICATION	-
1		
20. DATE OF DEATH	1 1945	- at / / -/ 0/
21. I CERTIFY that death occurred on the date above 19	, to	19
Immediate cause of death	***************************************	DURATION
Onsonic Myo	carditie	0
Due to		
Other conditions		
Uther conditions		••••••
(Include pregnancy within 8 me	onths of death)	
Major findings of operations		
Antopsy results	************************************	
722. VIOLENCE: If death was due to external cause		
Accident, suicide, or homicide	Date of	
Where did injury occur?(City or town)	(Connty)	(State)
Injured at home, farm, todustry, public place (whe	re?)	
	Osteon As beenful	

RECEIVED
FEB 6 1945
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97



CERTIFICATE OF DEATH

m	D: .	N1	11	1

00467

	Reg. Dist. No.
1. PLACE OF DEATH Stery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Scheland	State
(If outside city or town limits, write RURAL and give nearest town)	City or town
low long in above place of death?	
	Street No
ow long in hospital or institution?	2.(a) if veteran, name war
Martha ans morris	3. (b) Social Security Number
Sex 5, Color or race 8,(a) Single, married, widowed, or divorced	
3. Color of face O.(S) Single, Married, Wildwed, or divorced	MEDICAL CERTIFICATION
emale While Widow	20. DATE OF DEATH Q 022 25 19.45 nt 5-00
(6) Name of husband or wife	20 1 20 1 20 1 20 1 20 1 20 1 20 1 20 1
	10000, 20 1045 10 Can 25 104
. Birth date ofyea	and that I last saw h A alive on James 25 - 1956
deceased (mo., day, yr.)	- Impairing
. AGE: Years Months Daya If less than one day	aliens Selected
92 11 22 hrs	n.
. Sirthplace. 24 d	Due to
(Town, county, and atate)	
D. Usual occupation	Due to
1. industry or business / Af .	
12. Name William Hurst	Diher conditions
	(Include pregnancy within 3 months of death)
14. Malden name Moda / Lealley 15. Birthplace	
15 Cleibalana = MA	Major findings of operations.
1110 - 3/- mal 00/10	Date of op.
8. Informant	Antopsy results
Address Vicilians	
1 Burial Date thereof Jan 30/89	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
(Burial, cremation, or removal, Which?)	
Cemetery or crematory	Where did injury occur?
Location & and free market	Injured at home, farm, Industry, public place (where?)
18. Funeral director \$\frac{1}{2} \frac{1}{2} \frac{1}{2} \left{\left{long alref}}	Means of Injury Injured at work?
and by the the	Selos 1
Address o and hew Marker	23. SIGNATURE - Tagues
919	Alexander Md M, D, or other

SHOUGH TO STATE DEPOSITE OF A PERSON.

RECUIVED

FEB 7 1945

BUREAU V.E.

MARYLAND STATE DEPARTMENT OF HEALTH

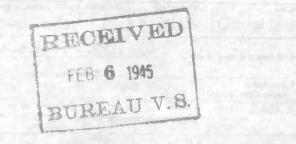
2411 N. Charles St., Baltimore 83

CERTIFICATE OF DEATH

00468

			111
Rog.	Dist.	No.	116

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
(A	State County
City or town	City or town Cambridge
How long In above place of death? 22	City or town(If outside city or town limits, write RURAL and give nearest town)
Hospilat, Institution, or street address where death Gourred:	Street No. / 6 WW Case Co.
	(If rural, give LOCATION)
How long to hospital or institution?	2.(a) If veteran, nama war
3. (a) FULL NAME	3. (b) Social Security Number
Walter Edvar Du	and more
4. Ses 5. Color or race 6.(a) Single, married widowed, or divorced	MEDICAL CERTIFICATION
male satura a proposed	O A HOA
max court consort	20. DATE DF DEATH 19 al
Bentl. aaron	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
0.(6) Name of husband or wife.	19
	and that I last saw h alive on 19.
7. Birth date of deceased (mo., day, yr.) July 21-1869	Immediate cause of death
8. AGE: Years Months Days If less than one day	immediate cause of death
75 /5 29hrsmin.	Dan Jan Helman
* + 10 1.	Colon State of the
9. Birthplace.	Due to.
(Town, county, and state)	Carolina de la como dela como de la como de
18, Usual occupation.	Due to
11. Industry or business	4
E 12 Name Way, & Jones	Dther conditions
12. Name	
	(Include pregnancy within 3 months of death)
14. Malden name. Mary Mority. 15. Birthplace Thut Co-	Major findings of operations.
15. Birthplace	Bate of op.
11 Plendo reveux	Antonsy Possifit.
18. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Cambridge	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Jurial Bate thereof 1/22/45	Accident, suicide, or bomicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery of crematory	Where did injury occur?
Cambridge, med.	Injured at home, tarm, industry, public place (where?)
Location The State of the State	Means of injury Injured at work?
18. Funeral director	0 1/ 1/
Address Cambridge, ma	D. D. Shrives Dal Mid Com
1 1 - Al m h	23. SIGNATURE
19. (Date rough by pagistral)	Ladrice Tambridge Md. Bate signed Jaga J. Al.
(Date redd by registraf)	III WARE COST CONTRACT CON



. The correct legibly.

carefully.

information care

ADING INK. Supply every item of Physicians: please write the causes

WITH UNF important.

PLAINLY, vis especially

WRIT

PLEASE

1. PLACE OF DEATH:

How long in above place of death?.....

Dorchester

Hospilal, institution, or street address where death occurred:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 167-20

CERTIFICA

00469

TE OF DEATH	Reg. Dist. No	16
City or lown. Cambrid (If outside city or to Streel No. 434 Wil	County Dorcheste ge wn limits, write RURAL and give nee lis St. ral, give LOCATION)	er arest town)
	3. (b) Social Security	Number
MEDIC	AL CERTIFICATION	
20. DATE OF DEATH.	Jan. 28, 19 45	, at 4:A
	e date ahove slated; that I attended dece	
	19, to	
Immediate capse of death	L. Maljamatris	DURATION
	······································	
I C	within 8 months of death)	
	4 + + 3 - +	
g	Date of op	
Antopsy results	use to which death should be charged	statistically.
22. VIOLENCE: If death was due to ex		
Accident, suicide, or homicide	Date of	
	r town) (County)	
Injured at home, farm, industry, public	place (where?)	
Means of Injury	Injured at work?	

How long in hospital or institution?..... 3. (a) FULL NAME Elmer Billy Paul, Jr. 6.(a) Single, married, widowed, or divorced 4. Sex Single White Male 7. Birth date of July 27. 1944. deceased (mo., day, yr.) If less than one day 8. AGE:brs. Cambridge, Dor. Co., Md. to. Usual occupation...... tt. Industry or husiness Elmer Billy Paul 12. Name...... 13. Sirthplace 12. Name..... Maryland Imogene Bramb le 14. Malden na 15. Birthplace 14. Malden name... Maryland Elmer Billy Paul 18. Informant Cambridge, Md. Address Burial
(Burial, cremation, or removal. Which?) Date thereof Jan. 29, 194 (month) (day) (year) Greenlawn Cemetery Cemetery or crematory. Cambridge, Md. LeCompte's Funeral Service 18. Funeral director..... Cambridge. Md.

(If outside city or town limits, write RURAL and give nearest town)

A15 S CERTIFICATE OF DEATH

IN LARGE TO THE STREET, MILETON GICKLIFFIAND

FEB 6 1945

BUREAU V.S.

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

00470

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County		1.
City or town.	State Many County County	
(If outside city or town limits, write RURAL and give nearest town)	City or town	
How long in above place of dealh?		rearest town)
Hospital, Institution, or street address where death occurred:	Street No. 406 Augh 4t	
	(M rural, give LOCATION)	
How long in hospital or institution?	. 2.(a) if veteran, name war	
3. (a) FULL NAME	3.(b) Social Securit	v Number
. (/		
Casse yayne		
4. Sex 5. Color or race 6.(a) Single, mayled, widowed, or divorced	MEDICAL CERTIFICATION	
Soul coe widowell	2D. DATE OF DEATH 9 19.5.5	" alliers w
s(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I ettended de	
6.(c) If alive, give ageyea	December 18 1944, 10	
7. Birth date of	and that I last saw h	19.4.5.7
deceased (mo., day, yr.)	Immediate cause of death	DURABANA
8. AGE: Years Mooths Days If less than one day	Cerebrok Hemorphy	23 day
63 0 8hrsmin	1.	
0 1 1 00 1 12 1 1		
9. Birthplace Auto July Carl 3	Due to.	1943
Nowh, county, and state)		w
1D. Usual occupation.	Due to	
11. Industry or business		
	Of Mercendeti	19443
12. Name. The d. Emalle 13. Birthplace Onch (C. S. Mr.)	Dther conditions	10111
	(Include pregnancy within 3 months of death)	1944
14. Maiden name. Man Mhalley 15. Birthplace backly C Wd		
E C MA	Major findings of operations	
∑ 15. Birthplace	Date of op	
16. informant Ruma / Ran-	Aniopsy results.	*************************
2 1 M 11 E1 PU 1 P	PHYSICIAN: Please underline the cause to which death should be charg	ed statistically.
Address 35'26 Wallace of Ohla 19	22. VIOLENCE: tf death was due to external causes, ftll in the following:	
17 Bureal Date thereof 1-12-43	Accident, suicide, or homicide	
17. (Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year)		
Cametery or crematory Wall Cernetury	Where did lajury occur?	(State)
for lander med	Injured at home, farm, industry, public place (where?)	************************
Location		
18. Funerat director Lewis H. Busines		
10. Tunctar unbeton.		10.00
Address Cambridge Md.	23. SIGNATURE Canoly MHCles	
1-12-15 O.S. Mar. C.	M. 1	D, or other
(Date rec'd by registrar)	ar Address Andress Male signi	ed 1-11 - 45

THE LEG SO STANDURS:

SUREAU V.S.

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg.	Dist.	No.	116
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1. PLACE OF	DEATH: er		2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:	
City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)					
		state Maryland county Somerset			
		lays	City or town Crisfield (If outside city or town limits	s, write RURAL and give ne	arest town)
Hospital, institution	n, or street address where	death occurred:	Street No.		/
Eastern	Shore State	- Hospital	(If rural, give		
How tong in hospit	tat or institution?3.5.	days	2.(a) If veteran, name war		V
3. (a) FULL N.	AME			3. (b) Social Security	Number
Orlest	er F. Peyto	าท			
4. Ser	5. Color or race	8.(a) Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
	White	married			
Wale			20. DATE OF DEATHJanuary20	194.5	at .9 . 5.5 A!
6.(b) Name of hust	band or wife	va.B.	21. I CERTIFY that death occurred on the date abo		
		January 7 1873	December 15 194		
7. Birth date of		January 7,1873	and that I last saw himalive on J.anu	lary 20	19.45
deceased (mo., i	day, yr.) Years Months	Days If less than one day	Immediate cause of death		
8. AGE: 77		13hrsmin.	Acute Bronchopneumoni	.a	48 hrs.
	Somer	set Co. Md.	Que to	100000000000000000000000000000000000000	***************************************
9. Birtiplace	(Town	set Co. Md.	000 10	100000000000000000000000000000000000000	***************************************
10. Usuat occupat	Dairyn	elf	_ 120	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
44. Indicates on hos	5	self	Due to	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************
11. Industry or bus	Sidner	F. Feyton			Design to
		Md .	Dither conditions. General arteri		
			myocardial degenerati	on nellagra	. 1942
至 14. Maiden as	Susan 4.	LOMETT			
14. Maiden no	ill C .		Major findings of operations		
	Manar	Davis			
18. Informant		•••••	PHYSICIAN: Please underline the cause to wi		
Address	Cri	sfield, Md.			ottoria cany:
17	burial	Date thereof 1/23/45 (month) (day) (year)	22. VIOLENCE: If death was due to external cau		
(Burial, crems	burial ation, or removal. Which	(month) (day) (year)	II .		
Cemetery or cre	ematory Asbu	ary Cemetery	Where did injury occur?(City or town)	(County)	(State)
		Crisf tel d, Md.	Injured at home, farm, Industry, public place (w		
			Manne of injury	Injured at work?	
18. Funeral direct	or Le Comp	tels Funeral Service	means or injury	Injured at work?	
	nha nha	dge, Md.	100011	la P - hil)
	1		23. SIUNATURE	hylor 14	or other
19	123/ 19 45	John Mary Ja. M. Registrar	P + 40 C. O.		1/20/45
(Date rec'd b	y registrar)	Registrar	Address Own The Company	Date signed.	1110173

START TO START THE

FEB 6 1945 BUREAU V.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

	ATE OF DEATH	Reg. Dist. No
1. PLACE OF DEATH: County Porfette	2. USUAL RESIDENCE (HOME) (For newborn infants give residence of State	
City or town	City or town (1f ootside city or towo limi	ts, write RURAL and give nearest town)
How long in hospital or institution?	2.(a) If veteran, name war	***************************************
3. (a) FULL NAME to repline Pinkett		3. (b) Social Security Number 220 - 05 - 1829
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Truska Caland Hidoral		CERTIFICATION 3 PM
8.(6) Name of husband or wife tough Pinkett	21. I CERTIFY that death occurred on the date at	14 19 45 at 3 PM
7. Birth date of deceased (mo., day, yr.)	5	
8. AGE: Years Months Days It es than of day 59 6 29	Cerebral Kemor	rhage 1/2 hour
9. Birthplace Porchester Cut than land (Town, coooly, and state)	Due to	
10. Usual occupation	Due to	
11. Industry or business		
12. Name Nesley Thursay 13. Birthplace Dorchester County haryfand	Other conditions	* >
14. Malden name faura Captar	(Include pregnancy within 8	
15. Birthplace Dorchester County Mayfand 18. Informant Mrs. Lelen Merris	Autopsy results	
Address 1610 Barnes theet, Baltimore, Maryland	PHYSICIAN: Please auderline the cause to v	
(Burial, cremation, or removal. Which?) Date thereof January 18, 1945 (month) (day) (year)	Accident, suicide, or homicide	Date of
Cemetery or crematory. Dienna Caloud Counterry Location Viena Maryland	Where did Injury occur?(City or town) Injured at home, farm, Industry, public place (v	
18. Funeral director. J. J. Frassiftons are Son	Means of Injury	Injured at work?
Address Federalsburg, Manyland	- 23. SIGNATURE William	C. HarrisaMD
13 annung 5 1944 - Chosh Hashing	Address Hurlock	nd. Date signed 1117/43

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REB G 1985

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1950

CERTIFICATE OF DEATH

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1. PLACE OF DEATH: Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Crocheron Md	State Maryland county Dorchester
bity of town	C - colo c - c
How long in above place of death? entire life	Crocheron (If outside city or tewn timits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If menal edge LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war World War # 1
3.(a) FULL NAME John William Wilson Pritchet	3. (b) Social Security Number
4. Sex 5. Color or race 6.(α)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WhitE MANNIED	20, DATE OF DEATH. January 3rd. 19.45 4.00
6.(b) Name of husband or wife Mable Riley Pritchett	2f. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(c) It alive, give age 70	years and that t last saw h
7. Birth date of deceased (mo., day, yr.) April 7 1871	
8. AGE: Years Months Days If less than one day	Immediate cause of death
77 0 26	mia. Ombolism, Coronary arters -
Omechonen Md	Company of the state of the sta
8. Birthplace Crocheron, Md. (Town, county, and state)	Due to 1 - 4 1 de
Waterman	and the state of t
fD. Usuat occupation	Dec 10
11. Industry or business MI Levin Pritchett	Septramon hight was 6 was
Levin Pritchett 12. Name Dorchester County 13. Birthplace	Other conditions Ling saley to Mr. Hather & ih
2 13. Birthplace	(Include pregnancy within 3 months of death)
Frances Adams	
Frances Adams 14. Malden name	Major findings of operations
Mrs. Mable R. Pritchett	Date of op.
	Actopsy results
Crocheron, Md.	
- C304F	22. VIOLENCE: If death was due to external causes, fill to the following;
(Burial, cremation, of removal, Which?)	ear) Accident, suicide, or homicide. Accident Date of Mat. 15/44
Gemetery or crematory Bethany Churchyard	Where did injury occur? (City or town) (Conaty) (State)
Location Crocheron, Md.	Injured at bome, farm, industry, public place (where?)
Vonneth R Thomas	Means of injurp scratched hand tojured at work? Yes
Address Cambridge, Md.	-All stations 11. Threver Hel Med. Erjain
Address Campriage, ma.	23. SGRATURE TI Christer Hof Med. Expans. M. D. or other Legisterer Address Casalanda - Med. Date signed Jaga 4.

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BUREAU V.S.

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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 73.7) carefully. The correct arly and legibly. CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For oewborn infants give residence of mother) County Dorchester State Maryland. county Dorchester Cambridge (If outside city or town limits, write RURAL and give nearest towo) Cambridge (If outside city or town limits, write RURAL and give nearest town) How long to above place of death?..... 407 Race St. Hospital, Institution, or street address where death occurred: information caref of death clearly (407 Race St. Home (If rural, give LOCATION) Now long to hospital or institution?.... 2.(a) If veteran, name war...... 3. (a) FULL NAME 3. (b) Social Security Number Ida Virginia Robbins 4. Sex 5. Color or race B.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION item of i White Widowed Female BINDING 21. JCERTURY that death occurred on the date above stated; that attended deceased fr 6.(6) Name of husband or wife. Joseph E. Robbins Wohen 30 (Deceased) MARGIN RESERVED FOR and that I last saw h. GR alive on 7. Birth date of Jan. 21. deceased (mo., day, yr.) UNFADING INK. Supp... Days If less than one day 8. AGE: Months 20 days 10 Thomas, Dor. Co., Maryland. SENILITY (Town, county, and state) Domestic fo. Usual occupation... Home 11. Industry or business W. E. James 12. Name W. E. Jame 13. Birthplace Maryland. important. (Include pregnaccy within 3 mooths of death) 14. Malden came Louise Thomas Major findings of operations..... Maryland. 2 15. Birthplace PLAINLY, vis especially Ben Robbins 16. Informant PHYSICIAN: Please underline the caose to which death should be charged statistically. Cambridge. Md Address 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof Jan. 3 1945. (month) (day) (year) 17 Burial (Burial, crematico, or removal, Which?) Accident, suicide, or homicide..... Where did injury occur?(City or town) Cambridge Cemetery WRITE Cambridge, Md. Injured at home, farm, industry, public place (where?) injured at work? Means of Injury Cambridge. Md. CA. SIGNATURE M. D. of other John Maces

E EDVATO SOSTIVA MITOLEO Manager and a state of seal ROMAND TEB 6-1945 BUREAU V.S.

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

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7 8	9 7	freeh.	4	- 1
10	6 4	J.		1.7

CERTIFICAT	E OF DEATH Reg. Dist. No. 19
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Rossie W. Robinso	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White married	2D. DATE OF DEATH 2.30 M
6.(b) Name of husband or wife	21. I CERTIFY that death ordered on the date above stated; that I attended deceased from 1944 to 1945 and that I lact saw A 1945 Immediate cause of death DURATION 7 7225
9. Birthplace	Due to
12. Hame	Other conditions
16. Informant Mars Romin Robinson Address Loddville, 2nd	Antopsy results
(Burial, cremation, or removal Which?) Cometery or crematory	22. VIOLENCE: if death was due to external causes, fill in the following; Accident, suicide, or homicide
19. Funeral director Caculriste, Md Address Address	Injured at home, 1arm, Industry, public place (where?)
19. Jan 21 1875 Wilson & Porchett (Date reed by registrar) Registrar	Address Spaces Fred Date signed L. J. J. Date signed L. J. J. J. Date signed L. J. J. J. J. Date signed L. J. J. J. J. J. J. Date signed L. J.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

00476

Reg. Dist. No. 13

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland County Dorchester Taylors Island		
County Tordand			
(If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death?	City or town Taylors Island (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred: Returning From Duck Blind	Street No. Taylors Island		
	(If rural, give LOCATION)		
How long in hospital or institutioo?	2.(a) If veteran, name war		
3.(a) FULL NAME Theophilus Travers Spi	icer 3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE OF DEATH Jan. 18 45 at 3: P.		
6.(b) Name of husband or wife Burhta Easter	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
	ars 19		
7. Birth date of deceased (mo., day, yr.) Dec. 17, 1875.	and that I last saw halive oe		
8. AGE: Years Months Days If less than one day	Immediate cause of death		
69 1 1hrs			
	I a local of call of and		
8. Birthplace Taylors Island, Dor. Co., Md. (Town, county, and state)	Due to grand		
10. Usual occupation Commercial Fisher & Farmer	Children Shilling State of the		
	Due 10		
11. ledustry or business The ophilus T. Spicer			
E 14. Name	··· Gther conditions		
	(Include pregnancy within 8 mouths of death)		
14. Maidee name Elizabeth Keene Travers 15. Birthplace Maryland	Major findings of operations.		
15. Birthplace Maryland	Date of op.		
16. Informant Mrs. Stapleforte Neild	Autopsy results.		
TU. LECT WAIT	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Taylors Island, Md.	22. VIOLENCE: If death was due to external causes, fill in the following;		
Burial Burial, cremation, or removal Which?) Date thereof Jan. 21, 1948 (month) (day) (year)	Scoldent, suicide, or homicide.		
Cemetery or crematory. Episcopal Church Cemetery	Where did lalury occur?		
Cemetery or crematory.			
Location Taylors Island, Md.	tnjured at home, farm, industry, public place (where?)		
18. Funeral director	Means of injury Injured at work?		
Address Cambridge, Md.	- 25 SIGNATURE R. Shriver Def. Med. Exam.		
Jan 21 45 neild	23. SIGNATURE M. D. or other		
19. (Vite rec'd by registrar) Registrar	at Address Cambridge Med Bate signed Jan 19/		
	The state of the s		

RES 6 1945 BUREAU V.A.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1111477

2411 N. Charle	ea St., Baltimore /3-6	
CERTIFICAT	TE OF DEATH Reg, Diet. No. 116 114	
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Dorchester City or town Hoopersville (If ontside city or town limits, write RURAL and give nearest town) RuralHoopersville (If rural, give LOCATION) 2.(a) If veteran, name war.	
Kate Hooper Tyler 4. Sex Female White Kate Hooper Tyler 6. (a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION Jan. 3. 19 45 .6:30 P	
6.(b) Name of husband or wife. W. Bradley Tyler 5. (c) If alive, give age 78 years 7. Birth date of deceased (mo., day, yr.) March 11, 1866.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18. 45 to 3 19. 4 and that that saw h 11 alive on 3 19. 4 Immediate cause of death DURATION	
9. Birthplace. Hoopersville, Dor. Co., Md. (Town. county, and state) Domestic 11. Industry or bosiness Home 12. Name. Benjamin Hooper 13. Birthplace Maryland	Due to	
14. Malden name. Elizabeth Meekins 15. Birthplace Maryland. 18. Informant W. Bradley Tyler	(Incinde pregnamely within 3 months of death) Major findings of operations. Date of op. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address Hoopersville, Md. 17 Burial Dale thereof Jan. 5, 1944; (Bnrial, eremation, or removal, Which?) Cemetery or crematory Tyler Family Lot Locatton Hoopersville, Md. LeCompte's Funeral Service 18. Funeral director Cambridge, Md. Address 19. Address 19. Address Registrary Registrary Registrary	22. VIOLENCE: If death was due to external causes, fill to the following: Accident, suicide, or homicide	

MARK TO STRONG SERVICE

RECEIVED V.B.

MARGIN RESERVED FOR BINDING

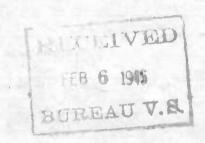
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 197)

00478

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Dittelled M	State Mars County Dorchester
City or town (If ontside city or town limits, write RURAL and give nearest town)	Poul Sand
How long in above place of death? Hospital, lostitution, or streat address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
Cambrille hears and Hazet	Street No. (If rural, give LOCATION)
How long in hospital or institution? Lage 8 hrs 40 min.	2.(a) If veteran, name war
3. (a) EVILL NAME	3.(b) Social Security Number
Julian Misline Vin	eent, fr nous
4. Ser 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Mole Wh. Sruges	20. DATE OF DEATH, January 13th 18 45, at 3 94
6.(b) Name of husband or wife Zwork	21. I CERTIFY that death occurred on the date allove stated: that I attended deceased from
\$,(c) If alive, give age year	19/5 10 Jan 15
7. Birth date of 1. 1. 1. 10 45	and that I last saw harmalive on fall
deceased (mo., day, yr.) 8. AGE: Years (Months Bays If less than one day	Immediate cause of death
0 0 / 2 hrs. 40 min	
Combridge Marchaed.	- Production II
9. Birthplace (Town, county, and state)	Due to Just
1D. Usual occupation	Books.
11. Industry or business	996 (0
12. Name Islian A. Uniolut 13. Birthplace Linewood, Md.	Other conditions Circleral austria
	(Include pregnancy within 3 months of death)
14. Maiden name Elva Jone Webster 15. Birthplace Crops, Margland	Major findings of operations Lebeur
\$ 15. Birthplace Coffs. Margland	Date of op
16. Informant MSS July Marsh July 1	Autopsy results.
Address Linkwood Rud.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Buria Date thereof 1/15/45	22. VIOLENCE: If death was be to external causes, fill to the following:
(Bnrlal, cremation, or removal. Which?) (month) (day) (year)	Accident, sulcide, or homicide
Cemetery or crematory Clouchester Memorial	Where did injury occur?
Location Teamboundary med	Injured at home, farm, lodustry, public place (where?)
18. Funeral director IV. It seemsthing	Means of Injury Injured at work?
Address East New Granket Dre	Class des Heshelfusto
19. 1/15/ 19 45 John Maco Ja. 2	23. SIGNATURE.
(Date rec'd by registrar) Registra	Address Ocubelle Md Date signed 113-45



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

()()479 Reg. Diat. No. 116

	TE OF DEATH Per Diet No. 116
CERTIFICA	TE OF DEATH Reg. Diat. No. 116
1. PLACE OF DEATH: County Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(Rural) Cambridge	State Maryland County Dorchester
(If ontside city or town limits, write RURAL and give nearest town)	(Pungl) Cambridge
Now long in above place of death?	(If outside city or town limits, write RURAL and give nearest town) Cambridge RFD # 2
Hospital, institution, or street address where death occurred: Home Cambridge RFD = 2	Sireel No. CAMBITUGE HID TO
How long in hospital or institution?	
3.(a) FULL NAME Elsie Woolsey Westbrook	12 (b) C : 1C : N 1
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION
	20. DATE OF DEATH. Jan. 24, 19. 45 at
6.(b) Name of husband or wife John I. Westbrook	21. I CERTIFY that death occurred on the date above stated; that Tattended deceased from
(Deceased) 5. (c) If alive, give age year 7. Birth dale of 1897	1 10 10 10 10 2 4 11 10 10 10 10 10 10 10 10 10 10 10 10
7. Birth dale of deceased (mo., day, yr.) March 23, 1891.	
8. AGE: Years Months Days If less than one day	Immediate cause of death Rungo 57
53 10 2hrsmle	1.
9. Birthplace. Wilmington, Delware. (Town. county, and state)	Due to.
(Town, county, and state)	000
10. Usual occupation Domestic	Bue to
ff. Industry or business Home	
12. Name. Charles Woolsey 13. Birthplace Pennsylvania	Other conditions
	(Include pregnancy within 8 months of death)
14. Malden name. Mabel Gallaher 15. Birthplace Wilmington, Del.	Major findings of operations.
15. Birthplace Wilmington, Del.	
16. Informant Mrs. Walter Knauer	Autopsy results
Address Cambridge RFD # 2. Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically
	22. VIOLENCE: If death was due to external causes, fill in the following:
cemetery or crematory Dorchester Memorial Park	Where did injury occur?
Locallon Cambridge, Md.	
18. Funeral director. I Company of a second of the second	Means of Ippury Injured al work?
18. Funerat director Le Compte 18. Funeral Service	Thu Solmerder M.

CERTIFICATE OF DEATH

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FEB 6 1945
BUREAU V.S.

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WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92)

CERTIFICATE OF DEATH

IL OI DEATH	Reg. Dist. No.
2. USUAL RESIDENCE (HOM) (For newborn infants give residen	E) OF DECEASED:
State Maryland City or town Cambridge	County Dorchester
Gity of town	limits, write RURAL and give neurest town)
	give LOCATION)

3. (a) FULL NAME

1. PLACE OF DEATH:

Now tone in above place of death?.....

Cambridge

Rospital, institution, or street address where death occurred: 121 Choptank Ave.

New long to hespital or institution?

3. (b) Social Security Number

Thomas Henry Wheeler 6.(g)Single, married, widowed, or divorced Male White . Divorced Charlotte Hurley Mag 29, 1915. deceased (mo., day, yr.) If tess than one day R. AGE. Middletown. Maryland. (Town, county, and state) Laborer 16: Benal pecunation. 11. Indostry or business Dairy Products Thomas B. Wheeler Maryland. Mary C. Willey 14. Malden name..... Major findings of operations..... Maryland. 15. Richniace Thomas B. Wheeler Cambridge. Md. Address Burial Date thereof 1/4/1945.

(month) (day) (year) Greenlawn Cemetery Cambridge, Md. Means of Injury 18. Funeral director LeConntals Funeral Service Cambridge . Md.

18 45 John Mac S. The

(If outside city or town limits, write RURAL and give nearest town)

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from (Include pregnancy within 3 months of death)

MEDICAL CERTIFICATION

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes. filt in the following:

Accident, suicide, or homicide..... Where did injury occur?(City or town) injured at home, farm, industry, public place (where?) Injured at work?

23. SIGNATURE

DESCRIPTION OF DISCUSION

FEB 6 1945
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)-0

CERTIFICATE OF DEATH

00481

Reg. Dist. No. 116

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	
City or town(If outside city or town limits, write RVRAL and give nearest town)	State County County
	City or fown. (If outside city or town limits, write RURAL and give nearest town)
How leng in above place et death?	300 1160.400
Carbridge-Marland Haspital	Street Ne. (If rural, give LOCATION)
Hew long in hospital er institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Lora Ellen Willer	nous
4. Sex 5. Color er race 6.(a) Singlo, married, widowed, or divorced	MEDICAL CERTIFICATION
Lynne white warried	20, DATE DE DEATH 20 19 45, at 11.55 m
1/ 1001: 1.1:00	
6.(b) Name et husband or wife.	21. I CERTIFY that death on wred on the date above stated; that I altended deceased from
	October 15 19 44 , 10 Jan 25 19.45.
7. Birth date et	and that I last saw h. L. alive on
deceased (me., day, yr.)	Immediate cause of death
8. AGE: Years Months Days It less than one day	Consestive Heart Vailues 12 hours.
67 2 0hrsmlo	· urenia 20 house
marine rud	and astorio elevation Cardio
9. Birthplace	the to a constant of the constant less the
	The state of the s
1B. Usual eccupation	Due to
11. Industry or business	
12. Name. Diores D. Trull Y 13. Birthplace Darbot	Other conditions
13. Birtholace Jackot	
	(Include pregnancy within 8 months of death)
E 14. marucii name	Major findings of operations.
\$ 15. Birthplace	Bato of op.
16. Informant A Olise Willey	Antonix results 200000
1 1 1 year	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Cambridge, 19 a.	22. VIOLENCE: It death was due te external causes, fill in the following:
(Burial eremation or removal Which) Bate thereol (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?)	
Cemetery en de Remarks	Where did injury occur?
Location Cambridge, MAX:	Injured at home, tarm, industry, public place (where?)
The Hand	Means et Injury injured at work?
18. Funeral director	D-0 1 1/ / 1/
Address Cambridge, Md.	Odridos Herbelflyx
111000000	23. SIGNATURE
19. 1/23/19 45 Gola Mace for	Address Cacubrage Md Date signed 1-26-45
(Date rec'dby registrat) Cegistra	I I Address

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FEG 6 1945 IN THE BUPEAU W.

PLEASE WRITE

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BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

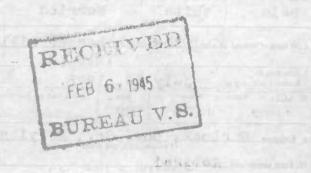
2411 N. Charles St., Baltimore 740

CERTIFICATE OF DEATH

00482

116 Reg. Dist. No.

1. PLACE OF DE County DOR.	ATH: chester			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Me national and Dor chester		
How long in above place	e of death?3.	4 yrs.	RURAL and give nearest town)	State Maryland County Dorchester City or town Cambridge (If outside city or town limits, write RURAL and give nesrest town) Street No. 303 Oakley St.		est town)
Hospital, institution, o	r street address where	death occurred	1 :			000000000000000000000000000000000000000
***************************************	or Institution?			2.(a) If veteran, name war		• • • • • • • • • • • • • • • • • • • •
3. (a) FULL NAM	E W	. Nich	nolas Williams		3. (b) Social Security N	lumber
4. Sex Male	5. Color or race White		e, married, widowed, or divorced	MEDICAL CI	entification an. 14. 19.45	.11:15Pm
6.(b) Name of husband	or wifeEthe	1 Baml	berger Williams	21. I CERTIFY that death occurred on the date abo	ove stated: that I attended decea	sed from
7. Birth date of	\ Tax 3 77	19,	c) If alive, give ageyears	and that I last saw h	m/14 - 19 41	19
8. AGE: Year		Days 29	If less than one dayhrsmla.	Immediate cause of death.		DURATION
			o. Maryland.	Bue to		
10. Usual occupation.		····		Due fo		0010101010101010101010101010101010101010
		N. W1	lliams	Other conditions or ottain what		***************************************
14. Maiden name Margaret L. Hackett				(Include pregnancy within 3	peratur	*******************************
\$ 15. Birthplace	Maryland					
			lliams	Autopsy results	hich death should be charged	statistically.
			cambridge, Md.	22. VIOLENCE: If death was due to external case		
	n, or removal. Which		reof Jan 17 1945			
Cemetery or crematory Cambridge Cemetery				Where did injury occur?(City or town)		
			Md.	Injured at home, farm, Industry, public place (m	rhere?)	
			uneral Service	A. A	- 0	
	Cambrio			23. SIGNATURE / Juny S	tule	
19. Date fee'd by	- 17-19 44 registrar)	7	hu Mace J. M. Registrar	Address Cambrilge m	M. D. o	1/16-1445



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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2)

CERTIFICATE OF DEATH

00483

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Dist	Ma	1	TO

1. PLACE OF DE	EATH: chester		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Gounty			State Maryland county Dorchester		
			Hospital, Institution, c	or street address where d	leath occurred: rland Hospital
Cambr	idge Mary	land Hospital	(If rural, give LOCATION)		
How tong In hospitat	or Institution?		2.(a) If veleran, name war		
3. (a) FULL NAM	1E		3. (b) Social Security Number		
	Guy	Yates Wright			
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	Married			
0 (2) H (b b	Roma	nie Ball Wright	21. I CERTIFY that death occurred on the date above stated; that attended deceased from		
6.(0) name of nusuan	d ot wile	74	Jan 76 1945 10 Jan 77 1945		
7. Birth date of	To b	3, 1871.	and that I last saw h. It. I alive oo 4 7 7 19.4		
deceased (mo., day,	'AL') T.CO.	0, 2012.	Impediate cause of death		
8. AGE: Yea 73	Months 7 1	Days If less than one day	Cerebral hemorrhage & days.		
9. Birthplace	ambriage,	Dor. Co., Md.	Due to		
	Painter	outary, and seaso)			
10. Usuat occupation	71	*	One to Certeres alorosio		
11. Industry or bosine	288				
当 12. Name	Martin	L. Wright	Dither conditions Certhratia		
13. Birthplace	Marylar	nd			
EL 13. Birtiipiace		eth Wright	(Include pregnancy within 3 months of death)		
岩 14. Malden name	G		Major findings of operations.		
15. Birthplace	Marylar	nd.	Date of op.		
18. tnformant	Cecil V	Vright	Antoney warnits		
		gton, Del.	PHYSICIAN: Please underlino the cause to which death should be charged statistically.		
Address			22. VIOLENCE: If death was due to externat causes, fill in the following		
17 Bri	on, or removal. Which?)	Date thereof Tan 30 192 (month) (day) (year)	Accident, suicide, or homicide		
Camatam of accom	Dorches	ster Memorial Park			
	Cambri				
Location Cambridge, Md.			Injured at work?		
18. Funeral director.		e's Funeral Service	h/1-08/2,		
Address	Cambrid	ge, Md.	- What backs		
	- 1	- John Mace Ja ?	23. SIGNATURE M. D. or othor		
1/			100 to 00 The 129/45t		

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FEB 6 1945 BUREAU V.S.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

CERTIFICATE OF DEATH

001484

Reg. Dist. No. 116

600mty	Dorchester	•••••••••••••••••••••••••••••••••••••••	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Dorchester		
How long in above pi	If outside city or town lill lace of death?	mits, write RURAL and give nearest town)	City or town Lake sville (If outside city or town limits, write RURAL and give nearest town) Lake sville Streel No. Lake sville		
	lage Mary	and Hospital	(If rural, give LOCATION) 2.(a) It veteran, name war		
3. (a) FULL NA	ME	arles Edward Wroten	3. (b) Social Security Number		
4. Sex Male	5. Color or race White	6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION Jan. 27, 19, 45, 21, 8: A		
6.(6) Name of husba	***************************************	y Willey Wroten 6.(c) It alive, give age. 72 year	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from		
deceased (mo., da	ay, yr.) July ears Months 6	24, 1858. Days It less than one day hrs	Immediate cause of death OURATION 3 Min		
9. Birthplace.La. 10. Usual occupation	kesville, (Town. Færmer	Dor. Co., Md.	Due to Casteria files		
t1. tedustry or busi	Robert	Vroten	Dther conditions		
14. Malden na 15. Birthplace		Pritchett d	(Include pregnancy within 8 months of death) Major findings of operations		
t6. Informant	Tomes T	. Wroten re, Md.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.		
(Burial, cremat	HIGIOT	away's Cemetery	Where did injury occur?		
18. Funeral directo	LeCompt	lle, Maryland.			
Heditos	Cambrid 28 / 1945	John Mace & M	23. SIGNATURE M. J. or other Address Charles M. J. or other Address Charles M. J. Dale signed M. J. S. J. J.		

